

FILED JAN 29 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 6026

Registrar's No. 2739

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Homes for Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Mo. 2 days  
(Specify whether  
In this community Yes 4  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ovo  
(c) City or town St Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6800 Kuebler Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melissa Harness

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 29, 1857  
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jeff. County (City, town, or county) (State or foreign country) 0

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Dace  
13. Birthplace Jefferson County (City, town, or county) (State or foreign country) 17  
14. Maiden name Unknown  
15. Birthplace Jefferson County (City, town, or county) (State or foreign country) 0

16. (a) Informant Pine Crest Homes  
(b) Address Ballwin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-45 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis A. Papp Inc  
(b) Address Hertwood Mo

19. (a) JAN 8 1945 (Date received local registrar) (b) E. H. McEvran (Registrar's signature) Manchester Mo (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
year 1945 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from October 2nd 1944 to January 4th 1945  
that I last saw her alive on Jan 2nd 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 9.3 h  
Due to \_\_\_\_\_

Other conditions Chr Myocarditis  
(Include pregnancy within 3 months of death) Coron. Sclerosis

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
Signature R. N. Jensen (M. D. or other) 1/7/45  
Address Manchester Mo Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6000

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Felix Sheard

Licensed Embalmer No. 3034

P. O. Address Kutwood mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**